MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06341

6350 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby - Rural X LENGTH OF STAY (in this place) Life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby X
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Edwin (Last) Breeden

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: Jan. 11, 1864 | 9. AGE last birthday: 90 yrs. | IF UNDER 1 YEAR Months 5 Days 22 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner | 10b. KIND OF BUSINESS OR INDUSTRY: Farming | 11. BIRTHPLACE (State or foreign country): Lusby - Calvert Co - Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James B. Breeden | 14. MOTHER'S MAIDEN NAME: Margaret Ann Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO.: No | 17. INFORMANT & ADDRESS: Mary E. Breeden - Lusby, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

156.1

Immediate cause (a) — Malnutrition

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — Ca of Liver (metastasis)

DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to July 3, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 1 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ed Villanueva MD | ADDRESS S Thomas | DATE SIGNED 7/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 5, 1954 | NAME OF CEMETERY OR CREMATORY St. Pauls M.E. Cemetery | LOCATION (City, town, or county) Lusby - Calvert Co - Md (State)

DATE REC'D BY LOCAL REGISTRAR 7/5/54 | REGISTRAR'S SIGNATURE H. W. Ward mnt. | 24. FUNERAL DIRECTOR A. A. Hartness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06342

6351 CERTIFICATE OF DEATH Reg. Dist. No. 52

1. PLACE OF DEATH
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Randle Cliffs X
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN X Randle Cliffs
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Jacob (Last) Burton

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 12 1881

9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Disabled

11. BIRTHPLACE (State or foreign country): Philadelphia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Burton

14. MOTHER'S MAIDEN NAME: Ida Bohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 yer (If Yes, give war or dates of service) Spanish-American

16. SOCIAL SECURITY No.: 216-18-5926

17. INFORMANT & ADDRESS: Mrs Alice Burton, Chesapeake Beach 2nd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) Acute Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found Dead in bed

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 7.30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 7/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 10, 1954 | NAME OF CEMETERY OR CREMATORY Mt Harmony | LOCATION (City, town, or county) Calvert (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 10, 1954 | REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR W. A. Hutchins | ADDRESS Owings Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06343

CERTIFICATE OF DEATH

6352 Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Huntingtown md
STREET ADDRESS (If rural give location) Prince Frederick, md

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Coates
4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	C	W		75 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Coates SR.
14. MOTHER'S MAIDEN NAME: Amanda Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Gladys Jones. Huntingtown, md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause 4427	(a) Hypertensive Cardiovascular	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO disease, (b) DUE TO	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1948, to 7/21, 1954, that I last saw the deceased alive on 7/21, 1954, and that death occurred at 5:39 A, from the causes and on the date stated above.
SIGNATURE (Degree or title) MD ADDRESS Huntingtown DATE SIGNED 7/22/54

23. (BURIAL) CREMATION, REMOVAL (Specify) | DATE THEREOF 7-24-54 | NAME OF CEMETERY OR CREMATORY St John's | LOCATION (City, town, or county) (State) Lower Marlboro, md

DATE REC'D BY LOCAL REGISTRAR 7-23-54 | REGISTRAR'S SIGNATURE H. W. Ward M.D.
24. FUNERAL DIRECTOR P. E. Sewell. Pr. Fred, md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06344

6353 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willows X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wilson (Middle) R. (Last) Fletcher
4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9-1-1931
9. AGE last birthday: 22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman Helper.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathaniel Fletcher
14. MOTHER'S MAIDEN NAME: Maggie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 Yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 15-26-3164
17. INFORMANT & ADDRESS: Maggie King. Willows, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

981X

Immediate cause (a) DUE TO Gun shot wound of head

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Murder

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Chesapeake Beach (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 7 (Day) 18 (Year) 54 (Hour) 11 P.m.
INJURY OCCURED While at Work ☐ Not While At Work X
HOW DID INJURY OCCUR? Shot

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 P.m., from the causes and on the date stated above.
SIGNATURE Arnold O. McC (Degree or title) ADDRESS Owing Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 7-22-54
NAME OF CEMETERY OR CREMATORY Plum Point
LOCATION (City, town, or county) Calvert (State) Md
DATE REC'D BY LOCAL REGISTRAR 7-18-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell. ADDRESS Prince Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06345

6354 CERTIFICATE OF DEATH Reg. Dist. No. 5/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Willows
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willows
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) E. (Last) Gray

4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, (WIDOWED,) DIVORCED, (Specify):

8. DATE OF BIRTH: 4-3-1884

9. AGE Last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Rawlings

14. MOTHER'S MAIDEN NAME: Mary Smith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Alice Thomas.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Hypertensive Cardiovascular DUE TO renal disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1954, to 7/2, 1954, that I last saw the deceased alive on 6/25, 1954, and that death occurred at 3 AM from the causes and on the date stated above.

SIGNATURE J. H. Weems (Degree or title) MD ADDRESS New Market Md DATE SIGNED 7/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-5-54 NAME OF CEMETERY OR CREMATORY Mt Hope LOCATION (City, town, or county) Sunderland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/3/54 REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Fred, Md.

RECEIVED
JUL 7 1954
BUREAU V. S.

Film G169, Item 8 & 9 8-23-54, et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06346

6355 CERTIFICATE OF DEATH Reg. Dist. No. 51

1. PLACE OF DEATH: DARES BEACH
COUNTY CALVERT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X | LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) WILLIAM (Middle) G (Last) HARVEY
4. DATE OF DEATH: (Month) JULY (Day) 5 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 6-29-1891
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Pilot Hunter U.S. Govt.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry Harvey
14. MOTHER'S MAIDEN NAME: Mamie Herold

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-10-9010
17. INFORMANT & ADDRESS: Norma Warbis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) BRONCHOGENIC CARCINOMA OF LUNG — Interval Between Onset And Death 8 months
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1953, to July 5, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 1 AM., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED July 5 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-7-54
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR 7/9/54
REGISTRAR'S SIGNATURE L.W. Ward M.D.
24. FUNERAL DIRECTOR W.W. Chamberlain Co. ADDRESS WASHINGTON D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06347

6356

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Vernon (Middle) (Last) Hicks

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 12-28, 1929
9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Farm Tenant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTH PLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hicks
14. MOTHER'S MAIDEN NAME: Mary Chase

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: George Hicks Huntingtown

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Immediate cause of head

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm
(CITY OR TOWN) Ches. Beach (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 7 (Day) 19 (Year) 54 (Hour) 6:30 A m
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Shot self

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 6:30 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) H. W. Ward D.M.E. ADDRESS Oriny Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-22-54 NAME OF CEMETERY OR CREMATORY Patuxent LOCATION (City, town, or county) Huntingtown, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7-19-54 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. S. Sewell, Pt. Fred, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 2[illegible]
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06348

6357

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby.
STREET ADDRESS (If rural give location) Prince Frederick Md.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Emory (Last) Johnson
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1954

5. SEX: M
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 20, 1901
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Johnson
14. MOTHER'S MAIDEN NAME: Maggie Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lula Tuner,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443X
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive C. V. D.
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19, 1954 to 7/21, 1954, that I last saw the deceased alive on 7/21, 1954, and that death occurred at 11 AM from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) ADDRESS St Leonard DATE SIGNED 7/23

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 7-24-54
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Lusby (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7-23-54
REGISTRAR'S SIGNATURE [signature] MD
24. FUNERAL DIRECTOR P. E. Seevell ADDRESS Prince Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 13 1954

BUREAU U. S.

Film G169, Item 8 8-23-54, et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06349

6358 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dr. Frederick X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Beach X
STREET ADDRESS (If rural give location) 5th + Cheaspeake

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) F (Last) Miller
4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1954

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): wid.
8. DATE OF BIRTH: Oct 18, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Miller
14. MOTHER'S MAIDEN NAME: Rose Mary Rupp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Mary Ray - 5th + Cheaspeake North Beach, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause 4 aa. d
(a) Acute nephritis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic Myocarditis
DUE TO
(c)

Interval Between Onset And Death
8 hrs
6 m

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1954, to July 12, 1954, that I last saw the deceased alive on 7/12, 1954, and that death occurred at 10.50 p.m., from the causes and on the date stated above.
SIGNATURE H Howard (Degree or title) ADDRESS Ocean Neg DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/16/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemt'y
LOCATION (City, town, or county) Washington DC (State)
DATE REC'D BY LOCAL REGISTRAR 7/12/54
REGISTRAR'S SIGNATURE H Howard
24. FUNERAL DIRECTOR Lees Undertaking Parlor Wash DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

JUL 16 1974
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6359

06350

Item 8 film G168A 7/30 54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Henrietta (Middle) (Last) Piere

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: September 5, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Cooke
14. MOTHER'S MAIDEN NAME: Parsley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: W. M. Piere - West Beach, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 8 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 19 ..., to 7/24, 1954, that I last saw the deceased alive on 7/24, 1954 and that death occurred at 9 Am from the causes and on the date stated above.

SIGNATURE (Degree or title) H. W. Ward Owing Md ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR 7-24-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR J. W. Lees Son Co. ADDRESS 200 44 St N.E. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6360 **CERTIFICATE OF DEATH** 06351

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake Beach
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake Beach Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Lee (Last) Smith

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 7-19-00
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis H. Jones
14. MOTHER'S MAIDEN NAME: Madora Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Christana Huppins

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fine list wound of head
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Slest — murder

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Chesapeake Beach (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 7 (Day) 18 (Year) 54 (Hour) 11 P.M.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Slest

22. I hereby certify that I attended the deceased from ....., 19 ..., to ....., 19 ..., that I last saw the deceased alive on ....., 19 ..., and that death occurred at 11 P.M., from the causes and on the date stated above.
SIGNATURE H. Ward (Degree or title) D. M. Z. ADDRESS Owing Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 1-21-54
NAME OF CEMETERY OR CREMATORY St Edmonds
LOCATION (City, town, or county) Calvert (State) Md
DATE REC'D BY LOCAL REGISTRAR 7-18-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell Pr Fred, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 28 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06352

6361

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 2 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Barstow (rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Stallings

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: July 17, 1954
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 0 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Prince Frederick, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gorman Stallings
14. MOTHER'S MAIDEN NAME: Delois Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Gorman Stallings - Barstow, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Undetermined DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1954, to July 19, 1954, that I last saw the deceased alive on ....., 19..., and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Me ADDRESS Huntingtown Md DATE SIGNED 7/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 19, 1954 NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery LOCATION (City, town, or county) Pr. Frederick Calvert Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/19/54 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Hackner & Son - Mutual Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06353

6362 CERTIFICATE OF DEATH Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pt Frederick X
LENGTH OF STAY (in this place) 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olivet X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Henrietta (Middle) (Last) Sutton
4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1954
5. SEX: F
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mar
8. DATE OF BIRTH: March 1, 1912
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: house wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): White Hall, MD
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Joe Smith
14. MOTHER'S MAIDEN NAME: Virginia Case
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: William Sutton - Olivet, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Acute Cor pulmonale
688.2
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — Pregnancy —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30 19 54, to 7/30, 19 54, that I last saw the deceased alive on 7/30, 19, and that death occurred at 9 10 a.m., from the causes and on the date stated above.
SIGNATURE R. deVillarreal (Degree or title) M.D ADDRESS St Leonard DATE SIGNED 7/30/

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 8-2-54 | NAME OF CEMETERY OR CREMATORY Eastern Chapel | LOCATION (City, town, or county) Olivett, (State) md

DATE REC'D BY LOCAL REGISTRAR 8-2-54 | REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell Prince Fred, ADDRESS md

R. deVillarreal

VS. A15

RECEIVED
AUG 5 1954
BUREAU V. S.

Film G169, Item 8, 8-25-54, et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06354

6363

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr Frederick X
LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural give location) 4741 McArthur Blvd NW

3. NAME OF DECEASED: (Type or Print) (First) Olen (Middle) (Last) Wilkins

4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 1954

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MAR.
8. DATE OF BIRTH: Dec 16th 1906
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Oles Envelope Co
11. BIRTHPLACE (State or foreign country): Edinburg, VA
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Arthur Wilkins
14. MOTHER'S MAIDEN NAME: Mamie Santimere

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Virginia Wilkins 4741 McArthur Blvd Washington DC NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS [signature] DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/27/54
NAME OF CEMETERY OR CREMATORY Cedar Wood
LOCATION (City, town, or county) (State) Edinburg, Virginia

DATE REC'D BY LOCAL REGISTRAR 7-24-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR S. H. Hines Co ADDRESS 2901-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1954
BUREAU V. S.